

067095 1963

TO : Payroll Section via Records Section, TPE

(Check and fill in the appropriate item below)

This is to confirm that

(Name and Title of Employee)

(Ref. No. —— /)

Sept. 22, 63 - Sunday

1. has returned to duty from Annual leave on 23/9/63 as scheduled.

2. has returned to duty from _____ leave on _____ with the leave dates revised to be from _____ through _____
(hour) (day) (month) (year) (hour) (day) (month) (year).

3. has failed to return to duty upon expiration of his _____ leave.

(Name, Title & Signature
of Supervisor)

104

100 of 200 CSNP
SEP 20 1969

NOTE: The immediate supervisor concerned is responsible for completing and submitting this form immediately (1) when the employee returns to duty from Annual Leave, Home Leave, Emergency Leave or Leave Without Pay, either as originally scheduled or with revised leave dates; or (2) if the employee fails to return to duty upon expiration of the leave requested. See FWD-CIRCULAR-6/707 for further details if necessary.

Ford FD-136

APPROVED FOR RELEASE DATE:
24-Aug-2010